

County: Sheboygan  
PINE HAVEN CHRISTIAN HOME  
531 GIDDINGS AVE

Facility ID: 7200

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SHEBOYGAN FALLS 53085 Phone:(920) 467-2401  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 71  
Total Licensed Bed Capacity (12/31/04): 71  
Number of Residents on 12/31/04: 69

Ownership: Nonprofit Church/Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 69

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		47.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		20.3
Day Services	No	Mental Illness (Org./Psy)	34.8	65 - 74	1.4			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	30.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	10.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	20.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	7.2		-----	RNs		10.7
Referral Service	No	Diabetes	7.2	Gender	%	LPNs		10.7
Other Services	Yes	Respiratory	2.9	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	24.6	Male	14.5	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	85.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	2	4.2	137	0	0.0	0	1	5.0	186	0	0.0	0	0	0.0	0	3	4.3	
Skilled Care	1	100.0	324	44	91.7	116	0	0.0	0	14	70.0	173	0	0.0	0	0	0.0	0	59	85.5	
Intermediate	---	---	---	2	4.2	96	0	0.0	0	5	25.0	149	0	0.0	0	0	0.0	0	7	10.1	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	1	100.0		48	100.0		0	0.0		20	100.0		0	0.0		0	0.0		69	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	9.3	Bathing	0.0	59.4	40.6	69
Private Home/With Home Health	9.3	Dressing	14.5	55.1	30.4	69
Other Nursing Homes	23.3	Transferring	20.3	63.8	15.9	69
Acute Care Hospitals	25.6	Toilet Use	13.0	69.6	17.4	69
Psych. Hosp.-MR/DD Facilities	0.0	Eating	62.3	29.0	8.7	69
Rehabilitation Hospitals	0.0	*****				
Other Locations	32.6	Continence		%	Special Treatments	%
Total Number of Admissions	43	Indwelling Or External Catheter	0.0	Receiving Respiratory Care		7.2
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	68.1	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bowel	31.9	Receiving Suctioning		0.0
Private Home/With Home Health	7.0			Receiving Ostomy Care		1.4
Other Nursing Homes	7.0	Mobility		Receiving Tube Feeding		2.9
Acute Care Hospitals	4.7	Physically Restrained	0.0	Receiving Mechanically Altered Diets		24.6
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		88.4
Other Locations	14.0	With Pressure Sores	11.6	Medications		
Deaths	67.4	With Rashes	14.5	Receiving Psychoactive Drugs		52.2
Total Number of Discharges (Including Deaths)	43					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	92.7	1.05	89.0	1.09	90.5	1.07	88.8	1.09
Current Residents from In-County	97.1	84.6	1.15	81.8	1.19	82.4	1.18	77.4	1.25
Admissions from In-County, Still Residing	51.2	20.5	2.50	19.0	2.69	20.0	2.56	19.4	2.64
Admissions/Average Daily Census	62.3	153.0	0.41	161.4	0.39	156.2	0.40	146.5	0.43
Discharges/Average Daily Census	62.3	153.6	0.41	163.4	0.38	158.4	0.39	148.0	0.42
Discharges To Private Residence/Average Daily Census	4.3	74.7	0.06	78.6	0.06	72.4	0.06	66.9	0.06
Residents Receiving Skilled Care	89.9	96.9	0.93	95.5	0.94	94.7	0.95	89.9	1.00
Residents Aged 65 and Older	100	96.0	1.04	93.7	1.07	91.8	1.09	87.9	1.14
Title 19 (Medicaid) Funded Residents	69.6	54.6	1.27	60.6	1.15	62.7	1.11	66.1	1.05
Private Pay Funded Residents	29.0	32.6	0.89	26.1	1.11	23.3	1.25	20.6	1.41
Developmentally Disabled Residents	0.0	0.5	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	34.8	37.4	0.93	34.4	1.01	37.3	0.93	33.6	1.03
General Medical Service Residents	24.6	20.2	1.22	22.5	1.09	20.4	1.21	21.1	1.17
Impaired ADL (Mean)	50.4	50.1	1.01	48.3	1.04	48.8	1.03	49.4	1.02
Psychological Problems	52.2	58.4	0.89	60.5	0.86	59.4	0.88	57.7	0.90
Nursing Care Required (Mean)	7.8	7.0	1.12	6.8	1.14	6.9	1.13	7.4	1.05